



Speech-Language Pathology and Audiology Board

1422 Howe Avenue, Suite 3, Sacramento, CA 95825
 Telephone: (916) 263-2666 / Fax: (916) 263-2668
 www.slpab.ca.gov



REQUIRED PROFESSIONAL EXPERIENCE (VERIFICATION)

TYPE OR PRINT

APPLICANT'S NAME: LAST, FIRST, MIDDLE	
APPLICANT'S RESIDENCE ADDRESS:	
CITY, STATE, ZIP CODE	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
SUPERVISOR'S NAME:	LICENSE NUMBER:
NAME AND ADDRESS WHERE EXPERIENCE WAS OBTAINED:	
STREET	
CITY, STATE, ZIP CODE	
BUSINESS PHONE:	
()	
APPLICANT'S HOURS PER WEEK:	DATES OF EXPERIENCE: (MM/DD/YY)
	FROM: TO:
WERE YOU EMPLOYED AS A SALARIED EMPLOYEE OF A PUBLIC SCHOOL? ____ YES ____ NO	
SUPERVISION:	
____ THE RPE WORKED FULL-TIME (30-40 HOURS PER WEEK) AND I PROVIDED EIGHT (8) HOURS A MONTH OF DIRECT SUPERVISION. FOUR (4) OF THE EIGHT HOURS (8) WERE IN SCREENING, THERAPY AND EVALUATION.	
____ THE RPE WORKED PART-TIME (15-29 HOURS PER WEEK) AND I PROVIDED FOUR (4) HOURS A MONTH OF DIRECT SUPERVISION. TWO (2) OF THE FOUR (4) HOURS WERE IN SCREENING, THERAPY AND EVALUATION.	
PERFORMANCE OF RPE APPLICANT WAS:	
COMMENTS:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>

I declare under penalty of perjury under the laws of the State of California that I have discussed the foregoing with the applicant and that the statements made herein are true and correct, and I did not supervise more than two (2) other applicants obtaining their Required Professional Experience (RPE) during the same period of time. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect, and that misstatements or omissions of material facts may be cause for denial of this verification, or for suspension or revocation of my license.

DATE

SUPERVISOR'S SIGNATURE IN BLUE INK

INFORMATION COLLECTION AND ACCESS

The Speech-Language Pathology and Audiology Board's Executive Officer is the person who is responsible for information maintenance. Section 2532 of the Business and Professions Code is the authority, which authorizes the maintenance of the information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.